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PTO/SB/07 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.5em; font-family: cursive;">09/980568</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	9									
Total Depend	41									
Total Claims	50									
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Total Indep	2									
Total Depend	48									
Total Claims	50									

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	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			

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